Doc Code:

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**	

Application Number	10/563,783
Filing Date	I.A. July 7, 2004
First Named Inventor	Assf TAMIR
Title	TRAFFIC INFORMATION SYSTEM
Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	435/05028

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 44909

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

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Address				
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Country				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	*signature*	Date	15/June/2006
Name	Ido TOPAZ	Telephone	+972-3-751-7666
Title and Company	CEO, Sensomatix Ltd.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of   1   forms are submitted.